

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029161

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 99

FILED JUL 22 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>La Plata</b>		c. CITY OR TOWN <b>La Plata</b>	
Length of stay in 1b <b>24 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>Residence</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>ALLEN</b> Last <b>COONS</b>		4. DATE OF DEATH Month <b>July</b> Day <b>16</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/17/91</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>29</b> Hours <b>--</b> Min. <b>--</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	
11. BIRTHPLACE (City and state or country) <b>Lyon County Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John G. Coons</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Austin</b>	
14. NAME OF HUSBAND OR WIFE <b>Martha Coons</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>no</b>	
16. TY NO. <b>482</b>		17. INFORMANT Address <b>Mrs. Martha Coons, La Plata, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4</b> a.m. <b>13</b> Month <b>July</b> Day <b>13</b> Year <b>1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 13, 1963</b> to <b>July 14, 1963</b> and last saw him alive on <b>July 16, 1963</b> Death occurred at <b>4:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In ink or type) <b>Harold B. Phillips</b>		22b. ADDRESS <b>D.O. La Plata, Missouri</b>	
22c. DATE SIGNED <b>7/16/63</b>		23a. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>	
23b. LOCATION (City, town, or county) (State) <b>La Plata, Missouri</b>		23c. LOCATION (City, town, or county) (State) <b>La Plata, Missouri</b>	
24. FUNERAL DIRECTOR <b>Wilson Funeral Home, La Plata, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/19/63</b>	
26. REGISTRAR'S SIGNATURE <b>John D. Phillips</b>		27. REGISTRAR'S SIGNATURE <b>John D. Phillips</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.